

CLINICAL REGISTRATION

PROBLEM STATEMENT and TARGET POPULATION

The Attachment and Bonding Center of Ohio deals with a wide variety of adoptive and attachment situations. Since the purpose of this registration is to indicate the kind of therapeutic approaches used with individuals having attachment difficulties, all of the remarks herein with relate to that specific client population.

ABC of Ohio works with foster children, domestically adopted children, and an increasing number of inter-country adoptive situations. The problems most often encountered are those where the children exhibit a range of attachment difficulties including Reactive Attachment Disorder. Since we see a large number of older children/adolescents, many of our clients have accumulated numbers of others disorders including, but not limited to, Oppositional Defiant Disorder, Conduct Disorder, Bipolar Disorder, and a variety of personality disorders 'in the making.'

PROGRAM/PRACTICE OVERVIEW

We approach all of our work with these premises:

Early trauma interrupts a child's development.

Damage from this early trauma can be repaired throughout childhood and adolescence.

Attachment difficulties are best and most effectively treated within the context of a family.

Parents are a critical and integral part of the treatment team.

Parents must take the lead in the family. Children need to follow their parents' lead.

Corrective emotional experiences occur in a variety of ways; revisiting trauma can be helpful in resolving it.

Truthfulness can lead to healing.

No one should be put in a situation that may cause emotional or physical harm to them.

RANGE OF SERVICES

Pre-adoptive education for prospective adoptive parents

Assessment

Attachment-focused therapy

Advocacy

Toddler and families group

Parent support group

Public education and training
 Case consultation for agencies – public and private
 Follow-up therapy for our intensive program, as well as for families who have had primary treatment elsewhere

DESCRIPTION OF SERVICES

Intake/Admission Process/Assessment Process

All inquiring families need to complete the application process. For Ohio families, we apprise them of the availability of the Post Adoptive Special Services Subsidy (PASSS) program.

Prior to being seen for the face-to-face assessment process, families are required to submit the following:

- An initial checklist of symptoms
- An application form
- Parental autobiography(ies)
- Child history report (written by the parent(s))
- Available information from prior mental health professionals, social services agencies, etc.
- Physical report from the child's physician
- Permission to treat
- Authorization for treatment and payment from the custodial agency (for pre-adopt situations or the adoptive parents)

The assessment involves all of the above in addition to:

A three-hour (for one child, and another 45-minutes for each additional child) face-to-face assessment. One of these hours is for the parental assessment.

During the assessment, the child is asked to contract for treatment. If the client is an adolescent, this is MANDATORY, as we will not undertake any further work if the adolescent does not agree to do what we propose. With younger children, the contract is less critical, however, the actual contract in these situations is with the parent(s).

At the end of the assessment, the parents are given the treatment recommendations. A letter is written and sent to the parent(s), referring agency, funding source, etc. In most cases, the the family is given the tentative date for the beginning of treatment. There are times when this time-line is different, but that is rare.

TREATMENT

All of our treatment includes a significant amount of therapist and parent holding. Holding for us means the child lays across the laps of the holders. There are NO compression holds. Parents do much of the holding with younger children, while the therapists do a lot of the holding with adolescents. There is no attempt to provoke affect or to cause dysregulation.

Holding is the vehicle, and during it or in conjunction with it, numerous other things may occur. Those include, but are not limited to:

- Cognitive restructuring
- EMDR
- Disclosure of pertinent birth family information
- Timeline development
- Trauma exploration and resolution
- Role play and psychodrama
- Theraplay strategies
- Grief and loss work
- Identity exploration
- Birth family loyalty examined
- Issues related to sexualization and sexual trauma are discussed and explored
- Promoting compliance with parents' expectations
- Utilizing activities that heighten child-parent attachment and parent-child attachment
- Addressing parental marital issues
- Addressing traumatic events in the parents' lives
- Exploring parent-child intersections that may be causing an impasse in the therapeutic process

SAFETY/RISK MANAGEMENT PLAN

Since we do nothing that could be considered risky or dangerous, we do not have such a plan.

I suppose that always having the parents either present in the treatment room or observing from another room constitutes some form of safety against false allegations from the child/adolescent (although that has never happened).

EVALUATION/OUTCOMES/FOLLOW-UP

At each follow-up session, the parent(s) and therapists, together, engage in an ongoing evaluation of the child's progress or lack of. Follow-up is required, and families are made aware of this prior to beginning the application process.

STAFF

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Psychologist and Licensed Independent Social Worker

Paula Andree, LISW
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David Cooper, LPCC
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All of these individuals have had extensive training in adoption and attachment-related issues. If you need specific information, each of them will need to provide that to you.